

## Foster Family Home - Corrective Action Report

Provider ID: 1-560426

Home Name: Fe Manera, CNA

Review ID: 1-560426-8

94-1062 Lumikula Street

Reviewer: David Ayling

Waipahu HI 96797

Begin Date: 2/26/2019

### Foster Family Home

### Required Certificate

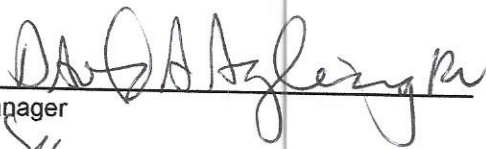
[11-800-6]

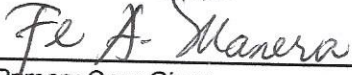
6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home inspection for a 3 person CCFFH recertification made on 2/26/19.

6.(d)(1) - Home in compliance with all requirements. Home will receive a 3 bed certification.

  
Compliance Manager

  
Primary Care Giver

2/26/19  
Date

2/26/19  
Date